

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00000001**2 PAGE #**  
1 of 12**3 CANDIDATE /  
OFFICEHOLDER  
NAME**MS / MRS / MR FIRST MI  
Mr. Amadeo  
NICKNAME LAST SUFFIX  
Ortiz**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1443 W. Elsmere  
San Antonio, TX 78201☐ Change of Address**5 CAMPAIGN  
TREASURER  
NAME**MS / MRS / MR FIRST MI  
Mr. Robert  
NICKNAME LAST SUFFIX  
Bob Lott**6 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or business)STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5045 Ayrshire Dr  
San Antonio, TX 78217**7 CAMPAIGN  
TREASURER  
PHONE**AREA CODE PHONE NUMBER EXTENSION  
(210) 414-9966**8 REPORT TYPE**☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer  
appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)**9 PERIOD  
COVERED**Month Day Year THROUGH Month Day Year  
01/01/2008 01/24/2008**10 ELECTION**ELECTION DATE ELECTION TYPE  
Month Day Year ☒ Primary ☐ Runoff ☐ General ☐ Special  
03/04/2008**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)****13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS**.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Ortiz, Amadeo (Mr.)**15 ACCOUNT #** (Ethics Commission filers)  
00000001**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

6,034.79

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

41.97

4. TOTAL POLITICAL EXPENDITURES

\$

8,649.36

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

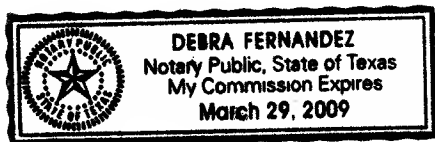
\$

14,937.69

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

3,000.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amadeo Ortiz, this the 28 day  
of January, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/12	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barabasz, Brian  6 Contributor address; City; State; Zip Code 21411 Encino Caliza San Antonio, TX 78254	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC  Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC  Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$)  \$469.69	In-kind contribution description (if applicable) F & B Fundraiser  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC  Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC  Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$)  \$612.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/12	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dimas, Gilbert  6 Contributor address; City; State; Zip Code 531 Guadalupe St San Antonio, TX 78207	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gleinser, Darlene  Contributor address; City; State; Zip Code 13202 Creek Mist San Antonio, TX 78230	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Jose  Contributor address; City; State; Zip Code 20750 Hwy 281 North San Antonio, TX 78259	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Jose  Contributor address; City; State; Zip Code 20750 Hwy 281 North San Antonio, TX 78259	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Jose  Contributor address; City; State; Zip Code 20750 Hwy 281 North San Antonio, TX 78259	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 3/3 Report: 5/12	
<b>2</b> FILER NAME Ortiz, Amadeo (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  01/08/2008	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Antonio Produce Market  ..... <b>6</b> Contributor address; City; State; Zip Code 1500 S. Zarzamora San Antonio, TX 78207	<b>7</b> Amount of contribution (\$)  \$353.10	<b>8</b> In-kind contribution description (if applicable) Campaign office space rental for January 2008     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/7 Report: 6/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

01/01/2008

**5** Payee name  
AT & T Telephone**6** Payee address; City; State; Zip Code  
P.O. Box 930170  
Dallas, TX 75393-0170**7** Amount  
(\$)

\$124.54

**8** Purpose of payment (See instructions regarding type of information required.)

Office telephone &amp; Internet

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/01/2008

Payee name  
Chacho's RestaurantPayee address; City; State; Zip Code  
8614 Perrin Beitel  
San Antonio, TX 78217Amount  
(\$)

\$12.68

Purpose of payment (See instructions regarding type of information required.)

F&amp;B Meeting

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/12/2008

Payee name  
Don Pedro RestaurantPayee address; City; State; Zip Code  
1526 S. W. Military  
San Antonio, TX 78221Amount  
(\$)

\$131.85

Purpose of payment (See instructions regarding type of information required.)

F &amp; B for volunteer block walkers

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/17/2008

Payee name  
Easy DrivePayee address; City; State; Zip Code  
906 Ruiz St.  
San Antonio, TX 78207Amount  
(\$)

\$383.84

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/7 Report: 7/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

01/17/2008

**5** Payee name  
Farias, Henry**6** Payee address; City; State; Zip Code  
110 San Salvador  
San Antonio, TX 78210-2528**7** Amount  
(\$)

\$530.00

**8** Purpose of payment (See instructions regarding type of information required.)

contract labor

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/11/2008

Payee name  
Fatso's Sports GardenPayee address; City; State; Zip Code  
1704 Bandera Rd.  
San Antonio, TX 78228Amount  
(\$)

\$16.00

Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/18/2008

Payee name  
HEB GroceryPayee address; City; State; Zip Code  
2118 Fredericksburg Rd  
San Antonio, TX 78201Amount  
(\$)

\$38.78

Purpose of payment (See instructions regarding type of information required.)

F&amp;B Meet &amp; Greet

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/02/2008

Payee name  
Ideas UnlimitedPayee address; City; State; Zip Code  
5213 Bandera Rd  
San Antonio, TX 78238Amount  
(\$)

\$1,434.60

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/7 Report: 8/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

01/23/2008

**5** Payee name  
Ideas Unlimited**6** Payee address; City; State; Zip Code5213 Bandera Rd  
San Antonio, TX 78238**7** Amount  
(\$)

\$1,434.80

**8** Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/15/2008

Payee name  
Jim's Restaurant #3

Payee address; City; State; Zip Code

3319 Hillcrest  
San Antonio, TX 78201Amount  
(\$)

\$25.59

Purpose of payment (See instructions regarding type of information required.)

F&amp;B - Bus. Meeting

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/03/2008

Payee name  
JJL Design

Payee address; City; State; Zip Code

246 Continental  
San Antonio, TX 78228Amount  
(\$)

\$434.94

Purpose of payment (See instructions regarding type of information required.)

Campaign Web Design Maintenance

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/08/2008

Payee name  
La Prensa

Payee address; City; State; Zip Code

P.O. Box 830768  
San Antonio, TX 78283Amount  
(\$)

\$765.00

Purpose of payment (See instructions regarding type of information required.)

Newspaper advertising

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/7 Report: 9/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name  
Little Red Barn**7** Amount  
(\$)

01/07/2008

\$25.30

**6** Payee address; City; State; Zip Code1836 S. Hackberry  
San Antonio, TX 78210**8** Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting for Fundraiser

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name  
Lott, RobertAmount  
(\$)

01/04/2008

\$73.73

Payee address; City; State; Zip Code

5045 Ayrshire Dr  
San Antonio, TX 78217-6437

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for office supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name  
Office Depot #346Amount  
(\$)

01/02/2008

\$50.03

Payee address; City; State; Zip Code

3713 Colony Dr.  
San Antonio, TX 78230

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

Payee name  
Perez, JosephAmount  
(\$)

01/19/2008

\$133.06

Payee address; City; State; Zip Code

506 Rayburn  
San Antonio, TX 78221

Purpose of payment (See instructions regarding type of information required.)

Reimburse expense for sodas &amp; water

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/7 Report: 10/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

01/08/2008

**5** Payee name  
Pico De Gallo Rest.**6** Payee address; City; State; Zip Code  
115 S. Leona  
San Antonio, TX 78205**7** Amount  
(\$)

\$31.40

**8** Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/09/2008

Payee name  
San Antonio Observer News PaperPayee address; City; State; Zip Code  
P.O. Box 200226  
San Antonio, TX 78220Amount  
(\$)

\$525.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/11/2008

Payee name  
San Antonio Sunrise Rotary ClubPayee address; City; State; Zip Code  
P.O. Box 701913  
San Antonio, TX 78270Amount  
(\$)

\$20.00

Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/19/2008

Payee name  
Silver EaglePayee address; City; State; Zip Code  
4609 Hwy. 90 West  
San Antonio, TX 78294Amount  
(\$)

\$596.75

Purpose of payment (See instructions regarding type of information required.)

Beverages

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/7 Report: 11/12
<b>2</b> FILER NAME Ortiz, Amadeo (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001

<b>4</b> Date  01/17/2008	<b>5</b> Payee name Texas Alcohol Beverage Commission  <b>6</b> Payee address; City; State; Zip Code 4203 Woodcock San Antonio, TX 78228	<b>7</b> Amount (\$)  \$201.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Temporary Beer License - fundraiser 01/20/08  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		

Date  01/07/2008	Payee name Tomatillos Cafe  Payee address; City; State; Zip Code 3210 Broadway San Antonio, TX 78209	Amount (\$)  \$70.03
Purpose of payment (See instructions regarding type of information required.) F & B Meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		

Date  01/24/2008	Payee name Unidas, Mujeres  Payee address; City; State; Zip Code 307 E. Evergreen St. San Antonio, TX 78212	Amount (\$)  \$40.00
Purpose of payment (See instructions regarding type of information required.) contribution to others  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		

Date  01/05/2008	Payee name Wal-Mart #5145  Payee address; City; State; Zip Code 1603 Vance Jackson San Antonio, TX 78213	Amount (\$)  \$61.02
Purpose of payment (See instructions regarding type of information required.) Refreshments for Block walkers Jan 5 & 6, 2008  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		
** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:		

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 7/7 Report: 12/12

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

01/10/2008

**5** Payee name

Wal-Mart #5145

**7**

Amount

(\$)

\$47.45

**6** Payee address; City; State; Zip Code1603 Vance Jackson  
San Antonio, TX 78213**8** Purpose of payment (See instructions regarding type of information required.)

Refreshments for Block walkers Jan 5 &amp; 6, 2008 ; Office telephone

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/22/2008

Payee name

Westside Sol

Amount

(\$)

\$1,400.00

Payee address; City; State; Zip Code

1410 Guadalupe St. #113  
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held: